

1627
SALINAS VALLEY RADIOLOGISTS, INC.

A MEDICAL GROUP
669 Abbott Street • Salinas, California 93901
Telephone (831) 775-5200

JAMES A. KOWALSKI, M.D.
DONALD A. CATALANO, M.D.
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B. MISA HOSOHAMA, M.D.
Y-LAN HO, M.D.
BRUCE LIN, M.D.
ROY MARTINEZ, M.D.
P. SCOTT PERELES, M.D.

PATIENT NAME
THOMAS-P76095 WOODSON

ACCOUNT NO
9377191

RADIOLOGY NUMBER
9203925

AT THE REQUEST OF
RANDY SID MD
31625 HIGHWAY 101
SOLEDAD, CA 93960

DATE OF BIRTH
03/31/1971

AGE/SEX
35/M

DATE OF SERVICE
04/14/2006

The study was performed by an outside facility and the film submitted to Salinas Valley Radiologists for interpretation.

MRI LEFT SHOULDER WITHOUT CONTRAST

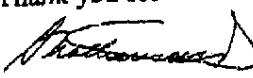
HISTORY: Patient is a 35-year-old-male. Evaluate for rotator cuff tear. The rest of the history is illegible.

PROCEDURE: 1,5T imaging in three standard planes with typical T1 and T2 techniques as deemed appropriate.

FINDINGS: The body and anterior portion of the acromion process appear considerably hypertrophied and disfigured. There is downward encroachment on the anterior portion of the supraspinatus tendon by this bony overgrowth. I have no x-rays with which to compare. I think that there is some congenital component here also, with anterior and lateral downsloping, but also suspect that there may have been old trauma. The supraspinatus tendon itself if not grossly torn. There is some minor increase in signal within its fibers. The muscle is normal with no retraction. The infraspinatus appears to be normal as does the subscapularis and the bicipital. The labrum anteriorly is somewhat ill-defined in its inferior part, but I cannot document any clear-cut abnormalities. There are no other findings of note.

IMPRESSION: Abnormal anterior acromion with downward encroachment on the supraspinatus tendon and moderate tendinopathy/tendinitis resulting. No frank tear, however.

Thank you for referring your patient to us,


Arthur M. Nathanson, MD
AMN/pa
4/18/06



NOTIFICATION OF DIAGNOSTIC TEST RESULTS

Name Woodson CDC# P76095 HOUSING#

Type of Test: MRI - left shoulder Date of Test: 4-14-06

YOUR TEST RESULTS HAVE BEEN EVALUATED BY A PHYSICIAN AND THE FOLLOWING HAS BEEN DETERMINED:

Your test results are essentially within normal limits or are unchanged and no physician follow up is required.

You are being scheduled for a follow up medical appointment. You will be receiving a ducat indicating your appointment time.

A repeat test will be ordered. You will be ducted for this test.

A chronic care appointment has been scheduled for you. You will be receiving a ducat indicating your appointment time.

R. Brown, FNP
Name/Title4/25/06
Date

Physician's Signature

NOTIFICATION OF DIAGNOSTIC TEST RESULTS

Name Woodson CDC# P76095 HOUSING#

Type of Test: MRI left shoulder Date of Test: 4-14-06

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R. Brown
Name/Title4/25/06
Date

Physician's Signature

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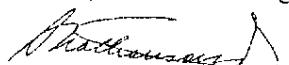
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Thank you for referring your patient to us,



Arthur M. Nathanson, MD
 AMN/pa
 4/18/06

APR 21 2006

State of California

Department of Corrections

Salinas Valley State Prison

CCCMS:C Facility

*CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES:

All Staff, Clinicians, Treatment Teams

ID Information: Age: 35	Race: AF Am	1 st CDC Arrival: 2000	Points: 66	EPRD: 2015	DDP: NCF
Date: 4/7/06	Sleep: Good Fair Poor	Appetite: Good Fair Poor	Energy Level: Good Fair Poor		
Time: 137	Taking Medications: Yes No	No Rx	Intermittent Compliance	Disciplinary Problems: Yes No	1/S Resolving staff
	Medication Problem: Yes No	Not getting	I/M requesting change	Homicidal ideation: None noted or stated	
Location: C Clinic	S. Issues Discussed: IM seen for CAT follow-up. Discussed custody related concerns & frustration w/ lockdown.				
C Chapel	Treatment Problem #1: Anger management Progress: 0/4 weeks				
C Educ	Treatment Problem #2: IV Substance Abuse Progress: 0/4 weeks (IM denies)				
C Hobby	Treatment Problem #3: Progress:				
O Mental Status:					
General Appearance: WNL	Poorly Groomed	Odor Apparent	Disheveled	Bizarre	Effeminate
Eye Contact: Appropriate	Averts gaze	Minimal	None	Glaring/Intense	
Speech: WNL	Excessive	Incoherent	Mute	Rapid	Slow
Behavior: Cooperative	Evasive	Guarded	Menacing	Withdrawn	Enraged
Mood: Euthymic	Dysphoric	Irritable	Anxious	Angry	Elevated
Affect: Appropriate	Inappropriate	Flat	Blunted	Constricted	Labile
Thought Process: WNL	Circumstantial	Tangential	Flight of ideas	Word Salad	Slowed
Thought Content: WNL	Compulsions	Obsessions	Ruminations	Phobias	Anxieties
Delusions: WNL	Withdrawal	Inspection	Outside Control	Paranoid	Grandiose
Perceptual Disturbance: Denied	AH	VH	Other:		
Suicidal Ideation: Absent	Present	No Plan	Current Plan	Recent Attempt	Denied History
History of Attempt: Timeframe	Last X 2003 Methods: Made noise in SHU				
A: Assessment:	IM irritable w/ custody concerns, recent I/S, but handling appropriately. No acute decompensation noted				
P: Plan: 1. Group Assignment:	Anger management				
2. Work/School Assignment:	W/C				
3. Cont Current Tx Plan:	A 2 B				
E: Education of the Patient:	Reviewed request procedures, provided breathing relaxation materials				
Signature:		DMS			
M. Williams, Ph.D., Clinical Psychologist		L. Tobin, Ph.D., Clinical Psychologist			

MENTAL HEALTH
INTERDISCIPLINARY PROGRESS NOTES

MH 3 [October 5, 2001]

Confidential Client/Patient Information
See W & I Code, Section 5328LEVEL OF
CARE:

CCCMS

Last Name:

Woodson

First Name:

Thomas

CDC #:

P76095

DOB:

3/31/76

Location: Cell Block 1 Reason: None

Subjective: Week management appointment. Issues Discussed

Recent Stressors: None

I/M's Perception of Psychological Condition: Stable ↑ ↓

Comment:

1/10/00

Time:

1/10/00 reports he continues to adjust to ADSE 6, however remains stressed & pending investigation. 1/10 reports he has increased disruption in program due

Objective:

Medication Review:

Meds Prescribed: Yes No I/M refusing psych meds

I/M's perception of effectiveness: None Partial effect Fully Effective

Adverse Effects: None SE's

Disciplinary Problems: Yes No Suicidal Ideation: Yes None

Mental Status: Alert & Oriented Other: Sleep: WNL Hypersomnia Insomnia Nightmares

Appetite: WNL Excessive Reduced Losing Weight Eye Contact: Good Fair Poor / Avoided Stare

Appearance: WNL (Clean/ Groomed) Unkempt Dirty Malodorous Long Nails Exercise: Yes No

Speech: Fluent Minimal Slow Hypervocal Stutter Slurred Rambling

Thought Process: WNL Tangential Word-Salad Slowed Blocking Loosening

Thought Content: WNL Compulsions Obsessions Ruminations Anxieties Distortions

Affect: Appropriate Inappropriate Smiling Labil Angry Anxious Sad Restricted Blunted Flat

Mood: Euphoric Elevated/Happy Angry Irritable Depressed Anxious Unconcerned

Behavior: Relaxed Withdrawn/Guarded Stiff Restless Playful Rocking Fidgety

Shaky/Tremors Seductive Suspicious

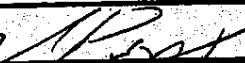
Presenting Attitude: Cooperative Passive Intimidating Argumentative Disengaged Resistant

Delusions: Absent Questionable Paranoid Grandiose Erotic Religious Somatic

Perceptual Disturbances: Denies Questionable AH VH Tactile

Assessment: I/M's psych sx are stable / unstable; and his adjustment, coping and functioning are not adequate. Explanation (if any):

Plan/Evaluation: Proceed as per current tx plan in place. Continue 1:1 CM contacts

Signature: 

P. Bonilla, Psy.D., Staff Psychologist

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MIE 3 [26 March 2000] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARING: FCP 3/10/00/ADSE 6	Last Name: WOODSON First Name:  DOB: 276095 CDC #:
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RECD MAY 17 2006

10/21/07 Version 1.0r Stress on (armed) lock up due to feelings he is being retaliated by staff. I/M comes to feel depressive 5x)

Objective:

Medication Review:

Meds Prescribed: Yes I/M refusing psych meds

I/M's perception of effectiveness: None Partial effect Fully Effective

Adverse Effects: None SE's

Disciplinary Problems: Yes Suicidal Ideation: Yes None

Mental Status: Alert & Oriented Other: Sleep: WNL Hypersomnia Insomnia Nightmares

Appetite: WNL Excessive Reduced Losing Weight Eye Contact: Good Fair Poor/ Avoided Stare

Appearance: WNL (Clean/ Groomed) Unkempt Dirty Malodorous Long Nails Exercise: Yes No

Speech: Fluent Minimal Slow Hyperverbal Stutter Slurred Rambling

Thought Process: WNL Tangential Word-Selac. Slowed Blocking Loosening

Thought Content: WNL Compulsions Obsessions Ruminations Anxieties Distortions

Affect: Appropriate Inappropriate Smiling Labil Angry Anxious Sad Restricted Blunted Flat

Mood: Euphoric Elevated/Happy Angry Irritable Depressed Anxious Uncconcerned

Behavior: Relaxed Withdrawn/Guarded Stiff Restless Playful Rocking Fidgety

Shaky/Tremors Seductive Suspicious

Presenting Attitude: Cooperative Passive Intimidation Argumentative Disengaged Resistant

Defenses: Absent Questionable Paranoid Grandiose Erotic Religious Somatic

Perceptual Disturbances: Denies Questionable AH VH Tactile

Assessments: I/M's psych sx are stable unstable and his adjustment, coping and functioning are not adequate. Explanation (if any):

Plan/Educations: Proceed as per current tx plan in place. Continue 1:1 CM contacts

S. *MP* P. Bonilla, Psy.D., Staff Psychologist

MENTAL HEALTH INTERDISCIPLINARY PROCESS NOTES MIRE 3 (26 March 2007) Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE: <input checked="" type="checkbox"/> IOP <input checked="" type="checkbox"/> 3PM/5ADG	Last Name: <i>WOODSON</i> First Name: DOB: CDC #:
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RECD MAY 15 2006

4/10/06
Time:

Subjective: W/PPV/CASE MANAGEMENT INFORMATION

Recent Stress: None

I/M's Perception of Psychological Condition:

Stable

Comment:

4/10/06 I'm returning to ADSEG for investigation
into staff misconduct. I would provide Y, less 1, if
dev. by.

Objective:

Medication Review:

Meds Prescribed: Yes No I/M refusing psych meds

I/M's perception of effectiveness: None Partial effect Fully Effective

Adverse Effects: None SE's Disciplinary Problems: Yes No Suicidal Ideation: Yes None

Mental Status: Alert & Oriented Other Sleep: WNL Hypersomnia Insomnia Nightmares

Appetite: WNL Excessive Reduced Losing Weight Eye Contact: Good Fair Poor/ Avoided Stare

Appearance: WNL (Clean/ Groomed) Unkempt Dirty Malodorous Long Nails Exercise: Yes No

Speech: Fluent Minimal Slow Hyperverbal Stutter Slurred Rambling

Thought Process: WNL Tangential WordSalad Slowed Blocking Loosening

Thought Content: WNL Compulsions Obsessions Ruminations Anxieties Distortions

Affect: Appropriate Inappropriate Smiling Labil Angry Anxious Sad Restricted Blunted Flat

Mood: Euphoric Elevated/Happy Angry Irritable Depressed Anxious Unconcerned

Behavior: Relaxed Withdrawn/Guarded Stiff Restless Playful Rocking Fidgety

Shaky/Tremors Seductive Suspicious

Presenting Attitude: Cooperative Passive Intimidation Argumentative Disengaged Resistant

Delusions: Absent Questionable Paranoid Grandiose Erotic Religious Somatic

Persecutory Delusions: Denial Questionable AH VH Tactile

Assessment: I/M's psych are stable, unstable, and his adjustment, coping and functioning are not adequate. Explanation (if any):

Plan/Education: Processed as per current tx plan in place. Continue CM contacts

Signature: 

P. Bonilla, Psy.D., Staff Psychologist

MEDICAL HEALTH

INTERDISCIPLINARY PROCESS NOTES
MEET 26 March 2001
Confidential Client/Patient Information
See W & I Code, Section 5328

LEVEL OF CARE:

(PR)
EDP

3CM/ADSEG

Last Name:

First Name:

DOB:

CDC #:

WOODSON
P76095

5/16/06

Time:

Location: Cell Block Cell Front: 44 Reason: Mental Health

Subjective: No recent management appointment. Issues Discussed

Recent Stressors: (None)

I/M's Perception of Psychological Condition: Stable ↑ ↓

Comment:

TM reports he continues to have difficulty adjusting to SEC. TM reports he continues to feel depressed due to feeling he

Objective:

Medication Review:

Meds Prescribed: Yes (No) I/M refusing psych meds

I/M's perception of effectiveness: None Partial effect Fully Effective

Adverse Effects: None SE's

Disciplinary Problems: Yes No Suicidal Ideation: Yes None

Mental Status: Alert & Oriented Other: Sleep: WNL Hypersomnia Insomnia Nightmares

Appetite: WNL Excessive Reduced Losing Weight Eye Contact: Good Fair Poor/ Avoided Stare

Appearance: WNL (Clean/ Groomed) Unkempt Dirty Malodorous Long Nails Exercise: Yes No

Speech: Fluent Minimal Slow Hyperverbal Stutter Slurred Rambling

Thought Process: WNL Tangential Word Salad Slowed Blocking Loosening

Thought Content: WNL Compulsions Obsessions Ruminations Anxieties Distortions

Affect: Appropriate Inappropriate Smiling Labil Angry Anxious (Sad) Restricted Blunted Flat

Mood: Eutymic Elevated/Happy Angry Irritable Depressed Anxious Unconcerned

Behavior: Relaxed Withdrawn/Guarded Stiff Restless Playful Rocking Fidgety

Shaky/Tremors Seductive Suspicious

Presenting Attitude: Cooperative Passive Intimidatin Argumentative Disengaged Resistant

Defenses: Absent Questionable Paranoid Grandiose Erotic Religious Somatic

Perceptual Disturbances: Delusional Questionable AH VH Tactile

Assessment: I/M's psych sx are stable/unstable; and his adjustment, coping and functioning are not adequate. Explanation (if any):

Plan/Education: Proceed as per current tx plan in place. Continue 1:1 CM contacts

Signature: *P. Bonilla*

P. Bonilla, Psy.D., Staff Psychologist

MENTAL HEALTH	LEVEL OF CARE:	Last Name:
INTERDISCIPLINARY PROGRESS NOTES		
Mile 3 (26 March 2007)		
Confidential Client/Patient Information		
See W & I Code, Section 5328		

EDP (SA)	First Name:
36155/ADSC 6	DOB:
	CDC #:

Woodson
P 76095

State of California		Department of Corrections		Salinas Valley State Prison	
CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES All Staff, Clinicians					
Date: 6/17/06	Location: Out of Cell Cell Front: CF Reason: Refusal f/u; Lockdown				
Time:	Subjective: Weekly case management appointment. Issues Discussed: Recent Stressors: None I/M's Perception of Psychological Condition: Stable ↑ ↓ Comment: I/M reportable continues to be frustrated to not being released for MISC. Investigation nearly completed, I'm eager to return to yard or be put up for transfer. Techniques to manage frustrations.				
	Objective: return to yard or be put up for transfer				
	Medication Review: Doctor Processed a I/M Psych meds Meds Prescribed: Yes No I/M refusing psych meds I/M's perception of effectiveness: None Partial effect Fully Effective Adverse Effects: None SE's				
	Disciplinary Problems: Yes No Suicidal Ideation: Yes None				
	Mental Status: Alert & Oriented Other: Sleep WNL Hypersomnia Insomnia Nightmares Appetite: WNL Excessive Reduced Losing Weight Eye Contact: Good Fair Poor / Avoided Stare Appearance: WNL (Clean/ Groomed) Unkempt Dirty Malodorous Long Nails Exercise: Yes No Speech: Fluent Minimal Slow Hyperverbal Stutter Slurred Rambling Thought Process: WNL Tangential Word Salad Slowed Blocking Loosening Thought Content: WNL Compulsions Obsessions Ruminations Anxieties Distortions Affect: Appropriate Inappropriate Smiling Labil Angry Anxious Sad Restricted Blunted Flat Mood: Euthymic Elevated/Happy Angry Irritable Depressed Anxious Unconcerned Behavior: Relaxed Withdrawn/Guarded Stiff Restless Playful Rocking Fidgety Shaky/Tremors Seductive Suspicious				
	Presenting Attitude: Cooperative Passive Intimidatin Argumentative Disengaged Resistant Delusions: Absent Questionable Paranoid Grandiose Erotic Religious Somatic Perceptual Disturbances: Denies Questionable AH VH Tactile				
	Assessment: I/M's psy sx are stable / unstable ; and his adjustment, coping and functioning are / are not adequate. Explanation (if any):				
	Plan/Education: Proceed as per current tx plan in place. Continue 1:1 CM contacts				
Signature: J. M. Bonilla		P. Bonilla, Psy.D., Staff Psychologist			
MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [26 March 2001] Confidential Client/Patient Information See W & I Code, Section 5228		LEVEL OF CARE: ADSEG /3CMS		Last Name: WOODSON First Name: <i>W</i> DOB: P76 095 CDC #:	

RECD JUL 27 2006

State of California, Department of Corrections -- Institution: _____ Prior Page Number: _____

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time	ICC Review/Mental Health Inmates	LOC: CCCMS EOP MHCB DMH
7/10/00	Mental Health Treatment Review:	Date Placed In AdSeg: 4/11/00
	Aware of Diagnosis/Symptoms? <i>Yes</i>	<i>Staff Misconduct</i>
	Aware of Treatment Plan? <i>Not on meds</i>	
	Aware of Medication? <i>Not on meds</i>	
	Receiving prescribed meds regularly? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	Attending scheduled CM interviews? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If not, Why? <i>Staff Misconduct</i>	
New Mental Health Problems		
	Out of Cell Interview: Offered <input type="checkbox"/> Requested <input type="checkbox"/> Declined <input type="checkbox"/> Clinically Indicated Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	Adjustment to AdSeg environment: <i>Staff Misconduct</i>	
Mental Status Exam: <i>CDP HDSP SMC</i>		
	Hallucinations <input type="checkbox"/>	
	Delusions <input type="checkbox"/>	
	Suicidal Ideation/Impulses/Intent <input type="checkbox"/>	
	Mood/Affect <i>Unstable</i> <input type="checkbox"/>	
	Is the inmates mental illness of such severity to impair his ability to comprehend the ICC Proceedings sufficiently to require the assignment of a staff assistant? <i>Yes</i>	
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Determination already made / I/M/EOP level of care in MHSDS, staff assistant required <input type="checkbox"/>	
	Was I/M released from AdSeg? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If so, to: <i>CDP</i>	
	S. Torrez, Psy.D., Staff Psychologist <i>S. Torrez, Psy.D.</i>	

1. INSTITUTION/MAILING ADDRESS CHRONOLOGICAL PROGRESS NOTES DATE: 07/10/2000	2. DATE OF BIRTH ANOSIM BIRTH GENDER	3. LAST NAME FIRST NAME GENDER (D.O.B.)
Confidential Client/Patient Information See W&I Code, Section 5328		

RECD JUL 31 2005

State of California		Department of Corrections	Salinas Valley State Prison	ADSEG Program:
CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES:				All Staff, Clinicians
Date: 8/14/06 Out of Cell Cell From:		Cell: D2-127		
<p>S: Reports that he will continue to be aggressive but feels paranoid about current situation. Discussed having not received 1286 mt. Discussed interview w/ Mr. Meding. Discussed changes in AdSeg - slight but noticeable. Discussed why and how AdSeg O: may have caused "more damage." Concerned about 115</p> <p>A: 1286 - suspect. Sleep + appetite. WNL. Denied</p>				
Date Placed in AdSeg:				
Reason For AdSeg Placement:				
Taking Medication: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Rx <input type="checkbox"/>				
Suicidal: None Ideation/Intent/Plan/Means				
Mental Status: Orientation X3 Delirious Sleep: WNL Hypersomnia Insomnia:				
Appetite: WNL Excessive Reduced Appetite Losing weight Eye Contact: Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Variable Poor: Avoided <input type="checkbox"/> Stared				
Appearance: Clear Groomed Meticulous Shaven Trimmed Beard Unkempt Dirty Malodorous Long Nails Exercise: Y <input checked="" type="checkbox"/> N				
Speech: Fluent Quiet Minimal Slow Stilted/Stiff Hyperverbal Stutter Slurred Clanging Rambling Word Salad Perseveration				
Affect: Appropriate Labile Angry Anxious Sad Smiling Blunt Restricted Flat				
Behavior: Relaxed Withdrawn/Guarded Stiff Restless Playful Rocking Fidgety Tremors/Shaky Seductive				
Mood: Euthymic Elevated/Happy <input checked="" type="checkbox"/> Dysphoric <input type="checkbox"/> Angry Irritable Depressed Anxious Unconcerned Expansive				
Presenting Attitude: Cooperative Passive Disengaged Resistant Suspicious Intimidating Argumentative Evasive				
Delusions: Fixed Fluid Absent Questionable Perceptual Disturbance: Denies Auditory Visual Tactile Questionable				
<p>P/E: Weekly in contact - Still q 1286 of 7/20/06</p> <p>Signature: S. Torrez, Psy.D., Staff Psychologist, CF</p> <p>271C to Chaplin Moon re: telephone to family</p>				

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH.3 (Rev. 9/4/01)
Confidential Client/Patient Information See W & I Code, Section 5328

LEVEL OF CARE: ADSEG CCCMS	Last Name: WOODSON, THOMAS First: THOMAS CDC # P76095 DOB: 3/31/71
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RECD SEP 06 2006

State of California

Department of Corrections

Salinas Valley State Prison

ADSEG Program:

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES:

All Staff, Clinicians

Date: 7/20/06 Out of Cell Cell Front

Cell: D2-127

S: Reports he is angry about ICC action. Received letter from family about grandmother passed away. Wants a phone call to family. Saw 4 last week - refused to take meds. Reports O: Sleep for 2 days - drinking coffee

A: For 2 days. → sleep as a result.

Date Placed in AdSeg:

Reason For AdSeg Placement:

Taking Medication: Yes/No (No Rx)

Suicidal: None Ideation/Intent/Plan/Means

Mental Status: Orientation X3 Delirious Sleep: WNL Hypersomnia Insomnia

Appetite: WNL Excessive Reduced Appetite Losing weight Eye Contact: Good Fair Variable Poor: Avoided Stared

Appearance: Clean Groomed Meticulous Shaven Trimmed Beard Unkempt Dirty Malodorous Long Nails Exercise: Y N

Speech: Fluent Quiet Minimal Slow Stilted/Stiff Hyperverbal Stutter Slurred Clanging Rambling Word Salad Perseveration

Affect: Appropriate Labile Angry/Anxious Sad Smiling Blunt Restricted Flat

Behavior: Relaxed Withdrawn/Guarded Stiff Restless Playful Rocking Fidgety Tremors/Shaky Seductive

Mood: Euthymic Elevated/Happy Dysphoric Angry/Irritable Depressed Anxious Unconcerned Expansive

Presenting Attitude: Cooperative Passive Disengaged Resistant Suspicious Intimidating Argumentative Evasive

Delusions: Fixed Fluid Absent Questionable Perceptual Disturbance Denies Auditory Visual Tactile Questionable

P/E: weaker on contact - TIC to Chaplin
MOON

S. Torres, Psy.D.

Signature: S. Torres, Psy.D., Staff Psychologist, CF

MENTAL HEALTH
INTERDISCIPLINARY PROGRESS NOTES

MH 3 (Rev.9/4/01)

Confidential Client/Patient Information
See W&I Code, Section 5328LEVEL OF
CARE:ADSEG
CCCMS

Last Name:

WOODSON, THOMAS

First:
CDC # P76095

DOB: 3/31/71

RECD JUL 31 2006